

1040A**U.S. Individual Income Tax Return****2004**

IRS Use Only—Do not write or staple in this space.

Label

(See page 19.)

Use the IRS label.

Otherwise, please print or type.

L
A
B
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L

H
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E

Your first name and initial

Last name

OMB No. 1545-0085

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 20.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 20.

▲ Important! ▲You **must** enter your SSN(s) above.**Presidential Election Campaign**

(See page 20.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . ▶

You**Spouse**☐ Yes ☐ No☐ Yes ☐ No**Filing status**

Check only one box.

1 ☐ Single**2** ☐ Married filing jointly (even if only one had income)**3** ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶**4** ☐ Head of household (with qualifying person). (See page 20.)

If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (see page 21)**Exemptions****6a** ☐ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.**b** ☐ **Spouse****c Dependents:****(1)** First name

Last name

(2) Dependent's social security number**(3)** Dependent's relationship to you**(4)** ☒ If qualifying child for child tax credit (see page 23)

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see page 23)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed.**Income****Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.**

If you did not get a W-2, see page 24.

Enclose, but do not attach, any payment.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.**7****8a** Taxable interest. Attach Schedule 1 if required.**8a****b** Tax-exempt interest. **Do not** include on line 8a.**8b****9a** Ordinary dividends. Attach Schedule 1 if required.**9a****b** Qualified dividends (see page 25).**9b****10** Capital gain distributions (see page 25).**10****11a** IRA

distributions.

11a**11b** Taxable amount (see page 25).**11b****12a** Pensions and annuities.**12a****12b** Taxable amount (see page 26).**12b****13** Unemployment compensation and Alaska Permanent Fund dividends.**13****14a** Social security benefits.**14a****14b** Taxable amount (see page 28).**14b****15** Add lines 7 through 14b (far right column). This is your **total income**.**15****Adjusted gross income****16** Deduction for clean-fuel vehicles (see page 28).**16****17** IRA deduction (see page 28).**17****18** Student loan interest deduction (see page 31).**18****19** Tuition and fees deduction (see page 31).**19****20** Add lines 16 through 19. These are your **total adjustments**.**20****21** Subtract line 20 from line 15. This is your **adjusted gross income**.**21**

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22	
Standard Deduction for— • People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 32. • All others: Single or Married filing separately, \$4,850 Married filing jointly or Qualifying widow(er), \$9,700 Head of household, \$7,150	23a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind Total boxes checked ▶	23a	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>
	b	If you are married filing separately and your spouse itemizes deductions, see page 32 and check here ▶	23b	<input type="checkbox"/>
	24	Enter your standard deduction (see left margin).	24	
	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	
	26	Multiply \$3,100 by the total number of exemptions claimed on line 6d.	26	
	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income . ▶	27	
	28	Tax , including any alternative minimum tax (see page 33).	28	
	29	Credit for child and dependent care expenses. Attach Schedule 2.	29	
	30	Credit for the elderly or the disabled. Attach Schedule 3.	30	
	31	Education credits. Attach Form 8863.	31	
32	Child tax credit (see page 37).	32		
33	Retirement savings contributions credit. Attach Form 8880.	33		
34	Adoption credit. Attach Form 8839.	34		
35	Add lines 29 through 34. These are your total credits .	35		
36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-.	36		
37	Advance earned income credit payments from Form(s) W-2.	37		
38	Add lines 36 and 37. This is your total tax . ▶	38		
39	Federal income tax withheld from Forms W-2 and 1099.	39		
40	2004 estimated tax payments and amount applied from 2003 return.	40		
41	Earned income credit (EIC) .	41		
42	Additional child tax credit. Attach Form 8812.	42		
43	Add lines 39 through 42. These are your total payments . ▶	43		
Refund	44	If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid .	44	
Direct deposit? See page 150 and fill in 45b, 45c, and 45d.	45a	Amount of line 44 you want refunded to you . ▶	45a	
	b	Routing number <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;"> </div> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <div style="border: 1px solid black; width: 150px; height: 20px; display: flex; align-items: center;"> </div>		
	46	Amount of line 44 you want applied to your 2005 estimated tax .	46	
Amount you owe	47	Amount you owe . Subtract line 43 from line 38. For details on how to pay, see page 51. ▶	47	
	48	Estimated tax penalty (see page 52).	48	
Third party designee	Do you want to allow another person to discuss this return with the IRS (see page 52)? <input type="checkbox"/> Yes . Complete the following. <input type="checkbox"/> No			
	Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center;"> </div>
Sign here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.			
Joint return? See page 20. Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number ()
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	<div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); width: 100%; height: 40px;"></div>
Paid preparer's use only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶	EIN	Phone no. ()	

